

Mr. P. Allen

Town

County

Died at

Pocomoke City

Worcester

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

02

7-28

Age

1

Md

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mrs. W. Allen

Mother's

Maiden Name

Cora Hancock

Cause of

Primary

Diarrhoea

How long sick

Ten days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

J. W. King

105

Address

Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Maria Bailey

Died at *Pocomoke city* ^{Town} *Worchester* ^{County}

MARYLAND

Date of death 190 *2* ^{Month} *July* ^{Day} *25* ^{Years} *72* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *Colored* Birth-place *Worchester Co*

Married, Single or Widowed *Widowed* Occupation *Housewife*

Name of Wife or Husband *Widowed*

Father's Name *Harvey Stevenson*

Father's Birthplace *Worchester Co*

Mother's Maiden Name *Sarah*

Mother's Birthplace *"*

Name of person giving information *Isaac Bailey*

How related to deceased *Grand Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart disease*

How long *Several years*

Immediate *asthma & Dropsy*

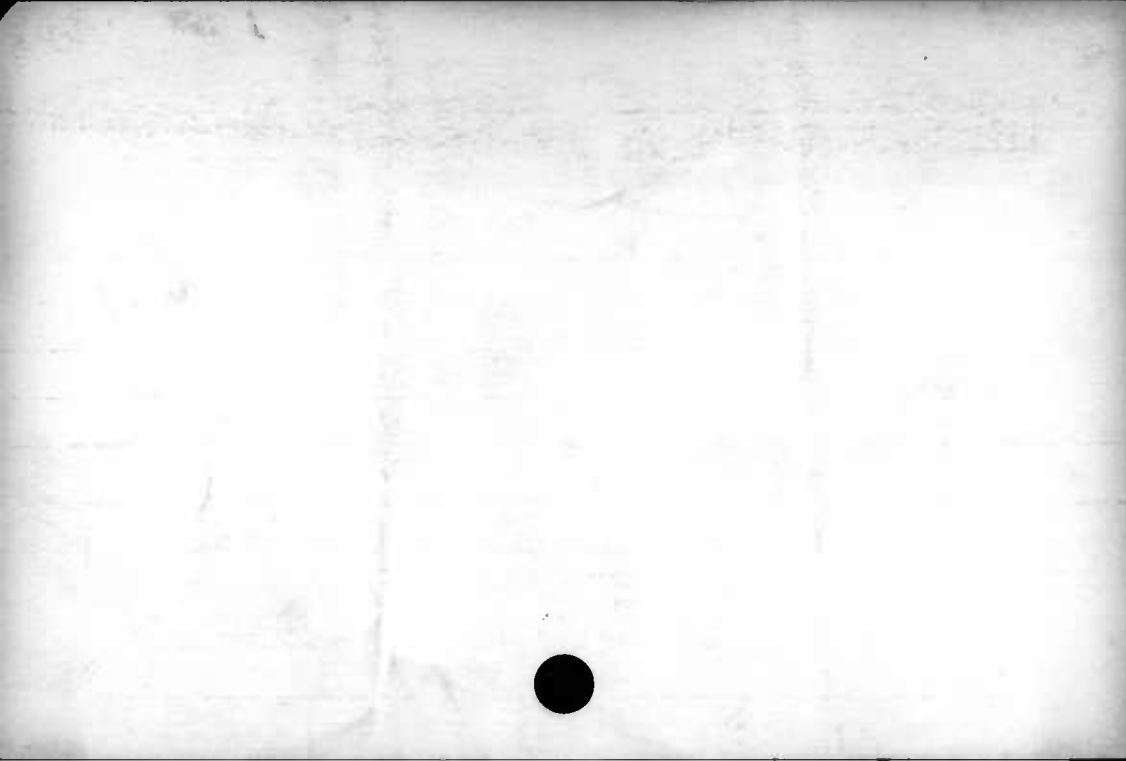
How long *six months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Samuel L. Linn*

Address *Pocomoke city Md*

Accident or Suicide? *8*



Name in Full

Certificate of Death

Died at

Date 19

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Certificate of Death

TOWN

County

MARYLAND

White

Married

Widow

Divorced

Occupation

House wife -

Female

Colored

STRENGTH

Widow

Number of children living

7

of

90

Mother's

Name John Collins Maiden Name

Sabra collicola

Primary

How long sick

18 month

Immediate

Brown Kettles

Accident, Suicide, Homicide

William S. Williams

Address Worcester

Maryland.

LIBRARY BUREAU. 79898



Beulah Blake

Died at ^{Town} Girdletree ^{County} Morcesler State MARYLAND

Date 1902 ^{Month} 7 ^{Day} 3 ^{Y.} - ^{M.} 4 ^{D.} - ^{Native of} md ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Geo J. Bishop Mother's Name Ella Blake

Maiden Name

Cause of Primary

How long sick

Death

Immediate

Heart Failure179~~Accident, Suicide, Homicide~~

Reported by

Geo H Rowley & Bro undertakers

Address

Stockton md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elmer Buller

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
of

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Tuberculosis

1 year

Death

Immediate

Asthma 27

~~Accident, Suicide, Homicide~~

Reported by

J. H. King

Address

Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75006



Name in Full

Certificate of Death

Mrs Georgianna Burhagen

Died at *Berlin* *Wicomico* County MARYLAND

Date *1902* *July* *1* Month Day Y. M. D. Age *35* Native of *Penn* Occupation *Matron*

☒ Male ☐ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Single ☒ Widower

Number of children living *3*

Husband of *John* *Burhagen*

Wife *John* *Burhagen*

Father's Name *John* *Burhagen*

Mother's Name *John* *Burhagen*

Cause of Death { Primary *Consumption* Immediate *Consumption* }

How long sick *18 months*

Accident, Suicide, Homicide

Reported by *James H Burhagen*

Address *Berlin* *Del.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas M. Butler

Died at ^{Town} Snow Hill ^{County} Worcester

MARYLAND

Date 1902 Month 7 - Day 14 Y. 61 - M. 7 - D. - Native of U.S. Occupation Engineer

Male White Married Widow Divorced Number of children living 1

Female Colored Single Widower

Husband of Sarah Butler

Fether's Name Isaac Butler Mother's Maiden Name Curry

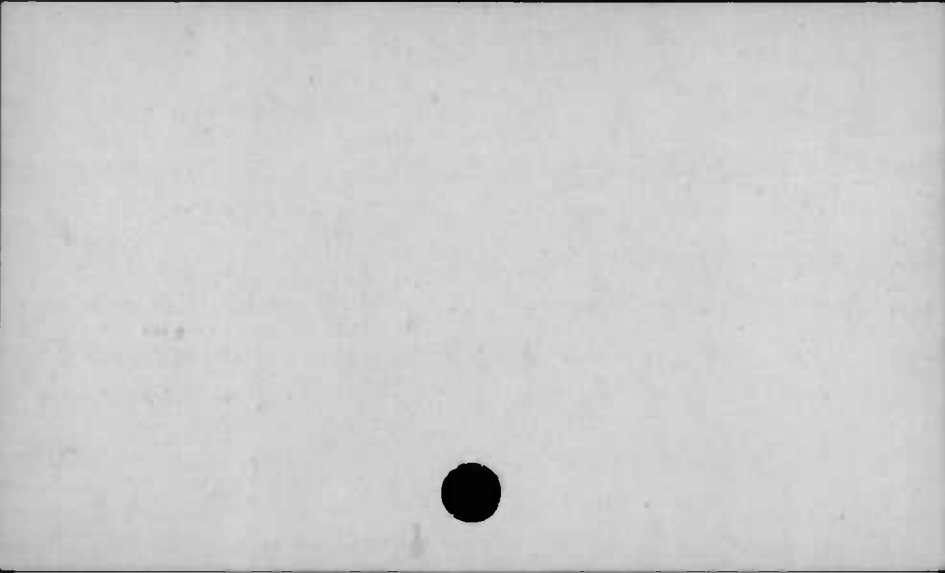
Cause of Death { Primary Immediate Paralysis } How long sick 8 days

Accident, Suicide, Homicide

Reported by W. D. Strong, M.D.

Address Snow Hill, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alice Cannan

Town

Leominster

County

Worcester

MARYLAND

Died at

Date 19

02

Month

Day

July 12

Age

Y.

M.

D.

- 10 3

Native of

Worcester

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John S. Hayden

Mother's

Maiden Name

Florence Cannan

Cause of

Primary

Bilious Dysentery

How long sick

One Month

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

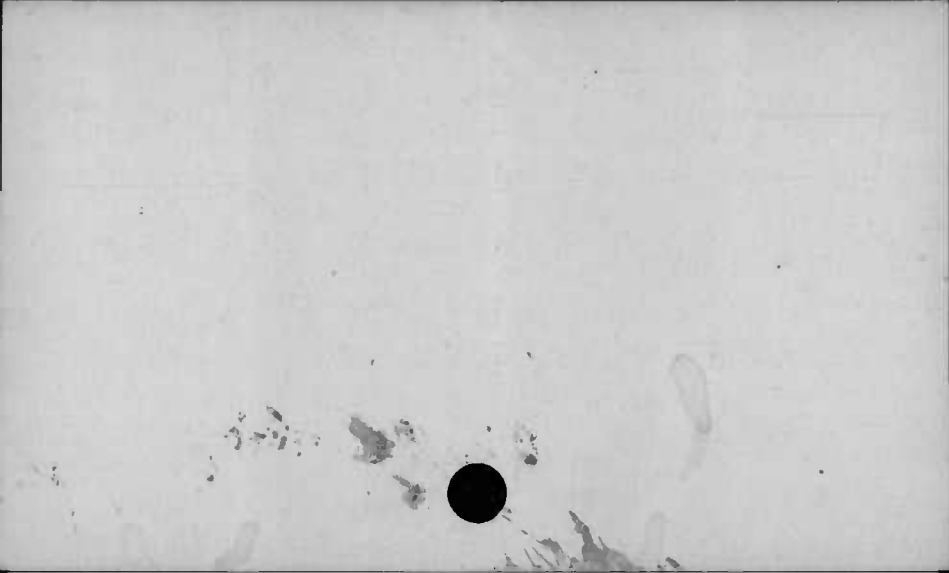
John S. Moore 14

Address

Leominster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70993



Henry B Davis

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1967

Age

62

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

none

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

Death

Immediate

How long sick

6y 3 m

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Ugene Dennis

Town

County

MARYLAND

Died at

Berlin

Worcester

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

7

Age

36

Wor. Co.

Housewife

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

three

Husband

of

Wife

Ugene Dennis

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis
(Consumption)

How long sick

two 7 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. W. Drickson M.D. 27

Address

Berlin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Miss Lizzie Dickerson

Town Friendship County MARYLAND

Died at Month Day Y. M. D. Native of Occupation

Date 1902 July 20 Age 84 Ind

Male White Married Widowed Divorced
Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Mother's Maiden Name

Cause of Death Primary Immediate How long sick 179. Accident, Suicide, Homicide

Reported by G. J. Evans

Address Undertaker Reuben

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Nov Ser in attendance

Name In Full

Certificate of Death

Andrew Francis Douglass.

Town

County

MARYLAND

Died at

Stockton

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July 4

Age

5 23

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Thomas Douglass

Mother's

Maiden Name

Caroline Collins

Cause of

Primary

Death

Immediate

Cholera Infantum

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Mrs D. Dickerson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608



Name
in
Full

CERTIFICATE OF DEATH

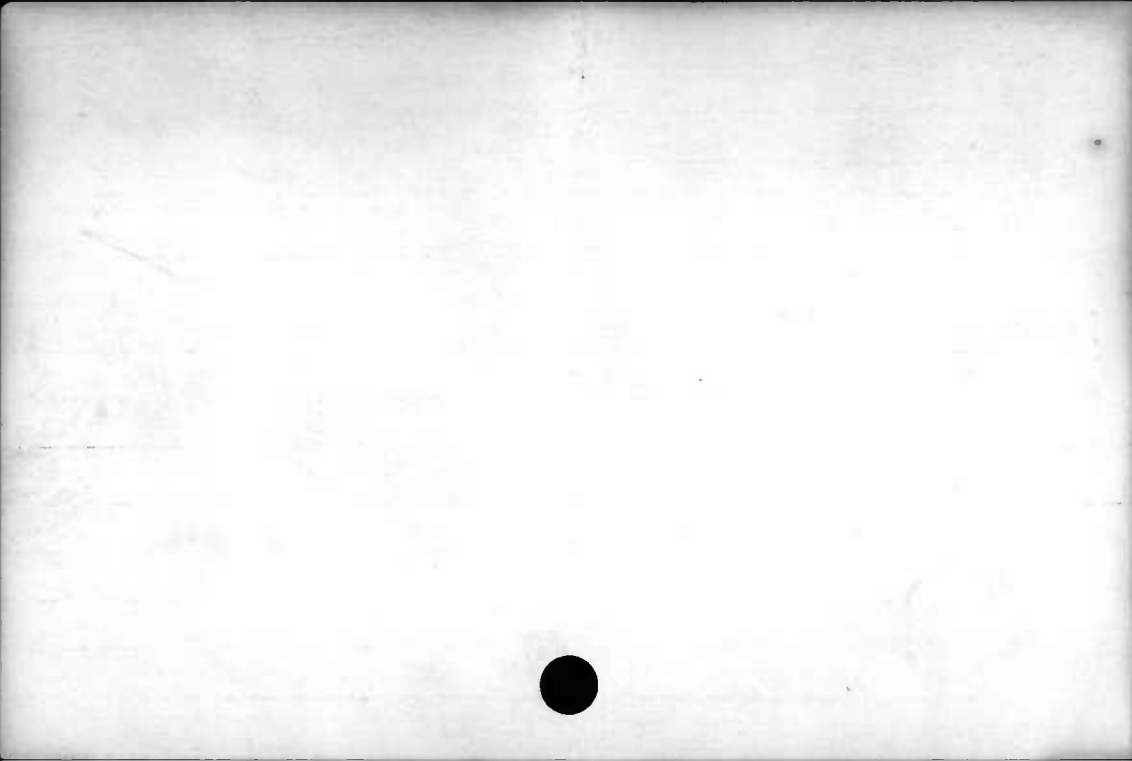
MARYLAND

| | | | | | |
|--|------------------------------|-----------------------|---|--------|------|
| Died at <i>Wm Promoke city</i> | | Town <i>Worcester</i> | | County | |
| Date of death 190 <i>2</i> | Month <i>July</i> | Day <i>1</i> | Years <i>45</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>colorid</i> | | Birth-place <i>Worcester Co</i> | | |
| Married, Single or Widowed | | | Occupation <i>Housewife</i> | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Moses Kitchens</i> | | | Father's Birthplace <i>Worcester Co</i> | | |
| Mother's Maiden Name <i>Esther Pallitt</i> | | | Mother's Birthplace <i>" "</i> | | |
| Name of person giving information <i>—</i> | | | How related to deceased <i>—</i> | | |

CAUSES OF DEATH

| | |
|--|---|
| Primary <i>Phthisis Pulmonalis</i> | How long <i>six months</i> |
| Immediate <i>exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Samuel L. Quinn</i> |
| <i>Yes</i> | Address <i>Promoke city Md</i> |
| Accident or Suicide? | |

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Dykes

Town

County

MARYLAND

Died at

Worcester County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

6

Age

2

md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas. A. Dykes

Mother's

Maiden Name

Cause of

Primary

Gastro-Intestinal

How long sick

Death

Immediate

Infection

Accident, Suicide, Homicide

Reported by

Rensis W. Morris

Address

Dullesburg, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rev. F. M. D.



Name In Full

Certificate of Death

George Ennis
 Town _____ County _____
 Died at *Synthesent Worcester* MARYLAND

Date 19*02* *7* *30* Month Day Y. M. D. Age *76* - - *Worcester* Native of Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *4*

Husband of *Mary Ennis*

Wife *Mary Ennis*
 Father's Name _____ Mother's Name *27*
 Maiden Name _____

Cause of Death { Primary *Consumption* How long sick *1 Year*

Death { Immediate *Struck by Bowls* Accident, Suicide, Homicide

Reported by *Kelley Ennis*

Address *Berlin Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

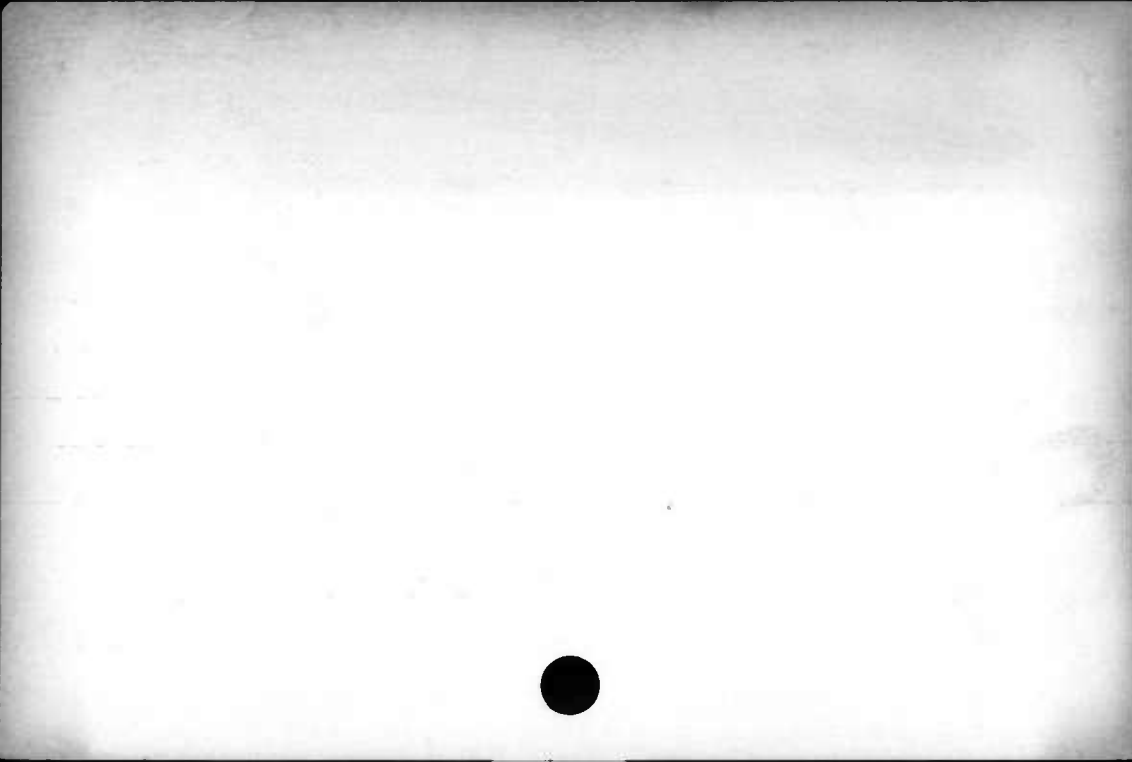
| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|-------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1902 | | Month | Day | Age | Years | Months | Days |
| Sex | | Color or Race | | Birth-place | | | |
| Married, Single or Widowed | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

CAUSES OF DEATH

166.

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Accident or Suicide? | Address |



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Les E. Hobland
in attendance

Died at Stockton ^{Town} Winchester ^{County} MARYLAND

Date 1902 July 28 ^{Month} ^{Day} Age 0 0 3 ^{Y.} ^{M.} ^{D.} Native of Mar Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ ~~Widow~~ ~~Number of children living~~

~~Handwritten~~
of

Father's Name J W Gorte Mother's Maiden Name Annie B Traeger

Cause of Death { Primary Convulsions Immediate 71 How long sick 4 weeks Accident, Suicide, Homicide

Reported by Jas. D. Dickerson M.D.

Address Stockton Winchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Stockton ^{Town} Worcester ^{County} State MARYLAND
 Date 19 07 ^{Month} 7 ^{Day} 29 Age - 16 ^{Y. M. D.} und ^{Native of} und ^{Occupation}
 Female Colored Single und ^{Widow} und ^{Number of children living} 5-

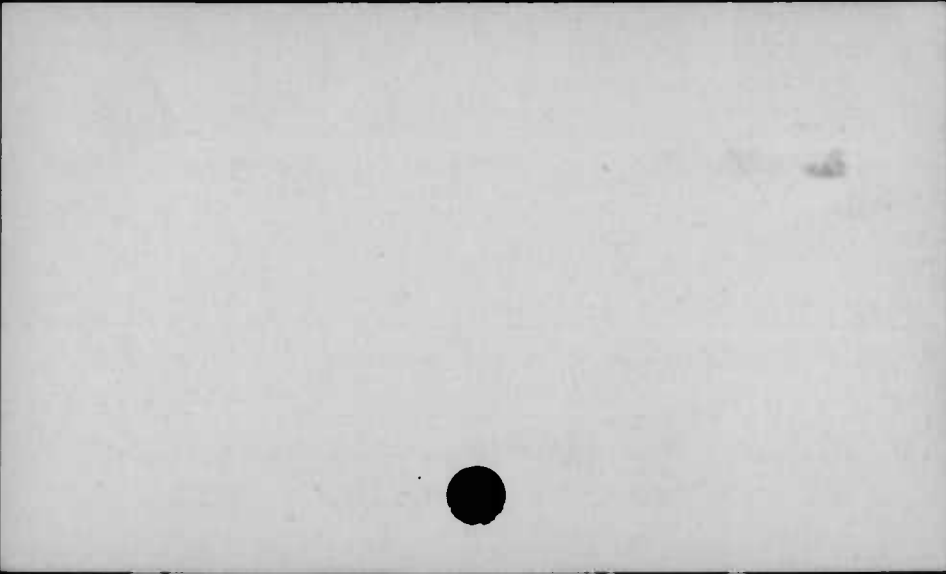
Husband
of
Wife

Father's Name Wm Ginn Mother's Maiden Name Jane Gandy

Cause of Death { Primary Heart failure How long sick 1 week
 Immediate Heart-failure Accident, Suicide, Homicide

Reported by George H Rowley & Bros Undertakers
 Address Stockton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

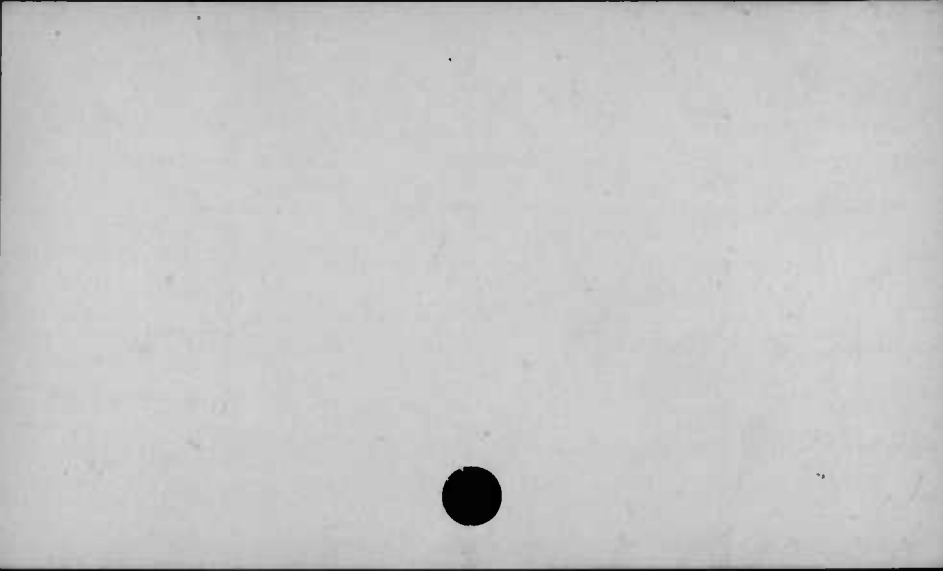
Certificate of Death

James Griffin
 Died at Basket town Worcester MARYLAND
 Town County
 Date 1902 7-29 Age 62²-16
 Month Day Y. M. D.
 Native of Occupation
 Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living 6

Husband of Maggie Griffin
 Father's Name Betha Griffin Mother's _____
 Name Maiden Name
 Cause of Primary Wysentary How long sick 5 weeks
 Death Immediate Exhaustion 14
Accident Suicide Homicide

Reported by Maggie GriffinAddress Newark Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charlotte Hornum

Died at ^{Town} Near ^{County} Snow Hill Worcester MARYLAND

Date 19 ^{Month} 02 ^{Day} July 20 Age ^{Y.} 93 ^{M.} ^{D.} ^{Native of} Worcester ^{Occupation} Farmer ^{Wife}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of James Bishop

Wife

Father's Name unknown Mother's Maiden Name unknown

Cause of Death { Primary Immediate } Old age 154 How long sick 24 months
 Accident, Suicide, Homicide

Reported by William S. Williams

Address Snow Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Der Cyrus Derickson
of Berlin

Name In Full

Certificate of Death

Ellen Henry Child

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Number of children living~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Dr Janus b Derickson

Name in Full

Certificate of Death

Lizzie B. Stormon

Town

County

Died at

Near Mount Westley, Prince Georges

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 July

Age

1

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elzy Stormon

Mother's

Maiden Name

Charlotte Stormon

Cause of

Primary

How long sick

9 months

Death

Immediate

unknown

199

Accident, Suicide, Homicide

Reported by

M. Williams

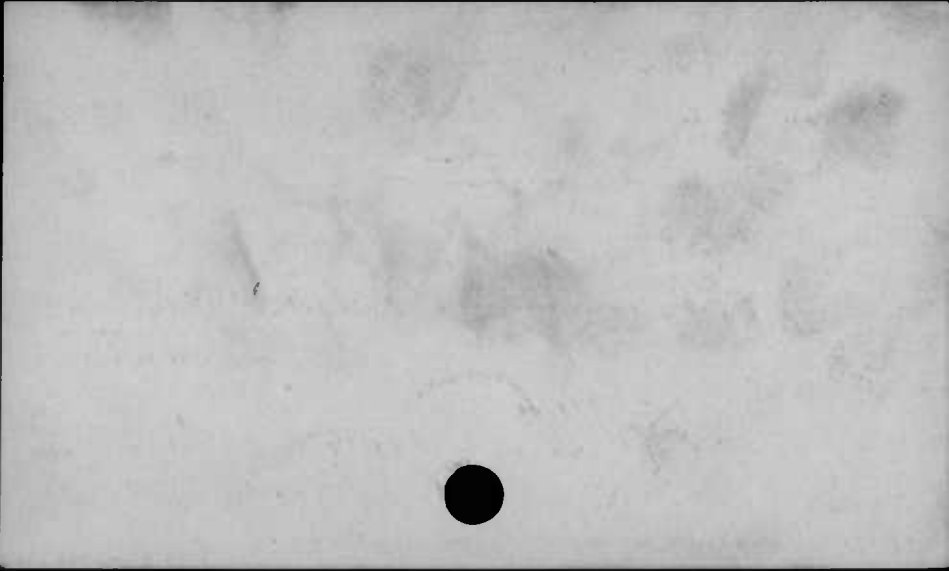
Address

Snow Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79844



Susan Justice

Town

County

Died at

Pocomoke City Warrenton

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

7 24

Age 82

Virginia Retired

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6

Husband

of

Wife

William W. Justice

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

old age

How long sick

11 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. F. Hargis

Address

Pocomoke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elna Elean Lewis

Town

County

Died at

Whaleysville Worcester

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

7

11

Age 58

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Joseph J. Lewis
Robert Davis
Elizabeth Lewis
Elna Elean Lewis

Cause of

Primary

Immediate

Ph Phisic

How long sick

18 months

Death

Accident, Suicide, Homicide

Reported by

Frank Stender

Address

Whaleysville Md by Rayne
Brooksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Sen. C. J. Derrickson

Died at *Berlin* *Washington* *MARYLAND*
 Town County
 Date 19 *02* *7* *19* *3*
 Month Day Y. M. D. Native of *Washington* Occupation _____
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

Husband of _____

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bertha Jackson
 Town County

Died at New Bishop

Mercator

MARYLAND

Date 1902 July 3 Y. M. D. Native of Md Occupation none
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Alexander Jackson

Mother's Maiden Name Lizzie Campbell

Cause of Primary Glycer

How long sick

3 weeks

Death Immediate No

Accident, Suicide, Homicide

Reported by Painter Watson

By Rayner

Address Selbyville Del

Bishopville
 Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Missie C. Purcell*

CERTIFICATE

TO BE ANSWERED BY
NEAREST FRIEND

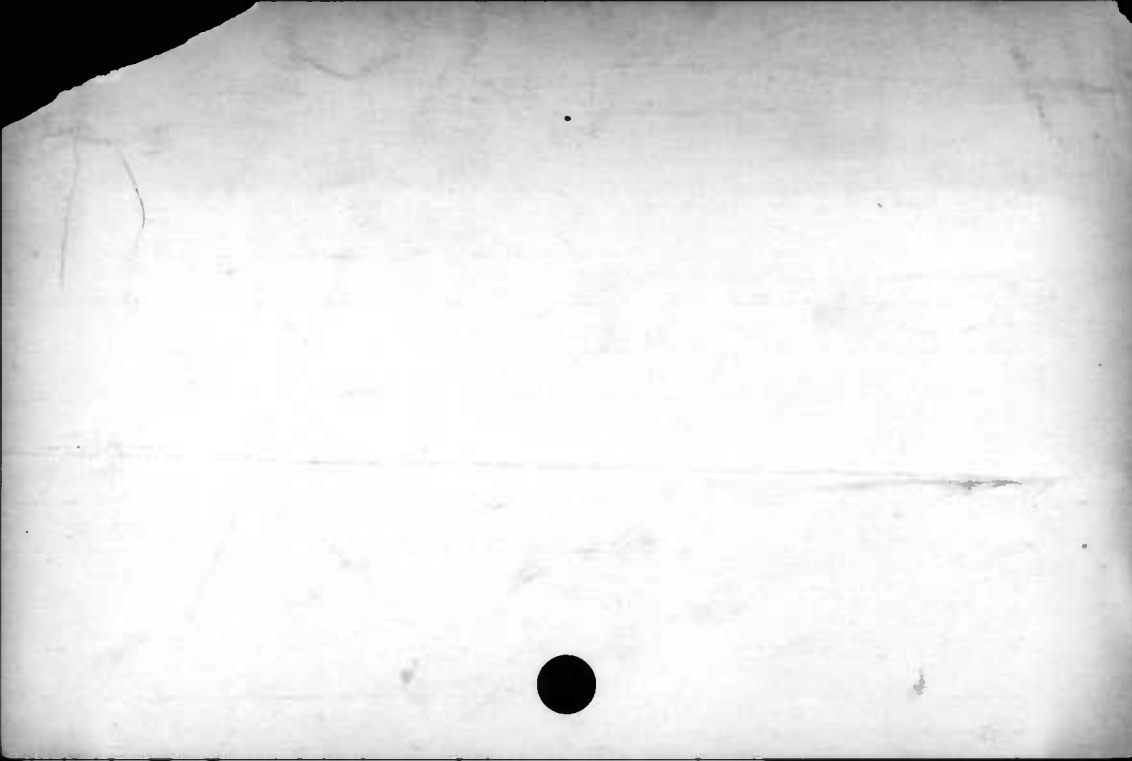
| | | | | | | | |
|--|--|------------------------------|--|----------------------------------|--|---------------|--|
| Died at <i>near Whaleyville</i> | | Town <i>Whaleyville</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death 190 <i>2 July</i> | | Month <i>July</i> | | Day <i>21</i> | | Age <i>25</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Whaleyville</i> | | | |
| Married, Single <i>or Widowed</i> | | | | Occupation <i>Housewife</i> | | | |
| Name of Wife or Husband <i>William Purcell</i> | | | | Father's Name <i>Amos Jones</i> | | | |
| Mother's Maiden Name <i>Mary Ann Smith</i> | | | | Father's Birthplace <i>Lost</i> | | | |
| Name of person giving information | | | | Mother's Birthplace <i>-</i> | | | |
| | | | | How related to deceased <i>-</i> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Phthisis Pulmonalis</i> | | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Isabel Tyndall</i> | |
| <i>J</i> | | Address <i>Whaleyville Md</i> | |
| Accident or Suicide? | | | |



Name in Full

Certificate of Death

Not Name

Town

County

Died at

near Snows Hill, Worcester

MARYLAND

Date 19

02 July 29

Month

Day

Y.

M.

D.

Native of

Occupation

Age

3

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles Russell

Mother's

Maiden Name

Lizzie Russell

Cause of

Primary

How long sick

4 days

Death

Immediate

unknown

179

Accident, Suicide, Homicide

Reported by

William S. Williams

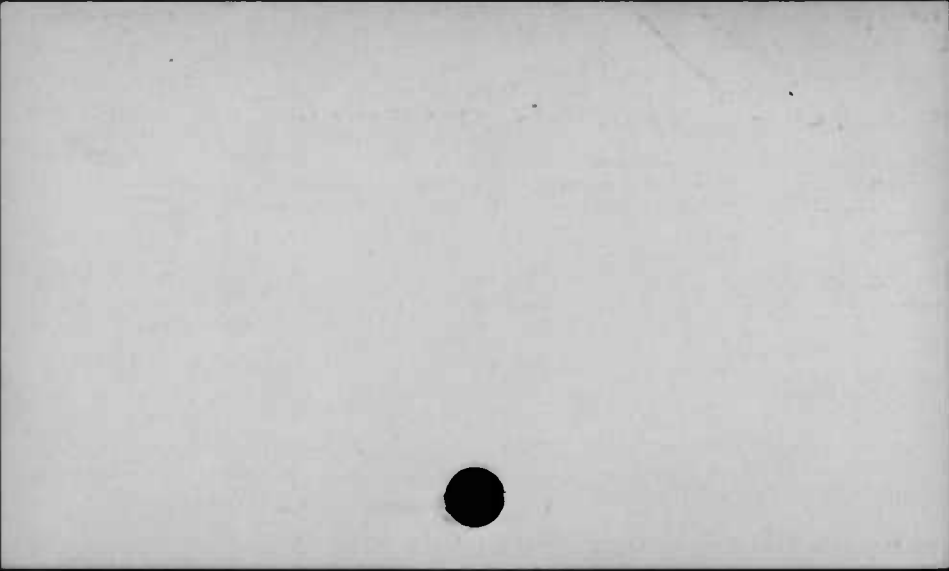
Address

Snows Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



William Quinter

Died at *Near Beacon City* Town *near Beacon City* County *near Beacon City* MARYLAND

Date 19 *02* Month *July* Day *24* Age *80* Y. M. D. Native of *Ma* Occupation *Servant*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of *Wm. Quinter* 154
 Wife *Wm. Quinter*
 Father's Name *Wm. Quinter* Mother's Maiden Name *Wm. Quinter*

Cause of Death { Primary *Old age* How long sick
 Immediate Accident, Suicide, Homicide

Reported by *Mr. Fisher*
 Address *Beacon City*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Eliot, C. Robbins

Town

County

MARYLAND

Died at

Berlin

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 14

Age

47

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

174

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Rhoda Robbins

Cause of

Primary

179

How long sick

one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Levitt, J. Evans & Son

Address

undertakers Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

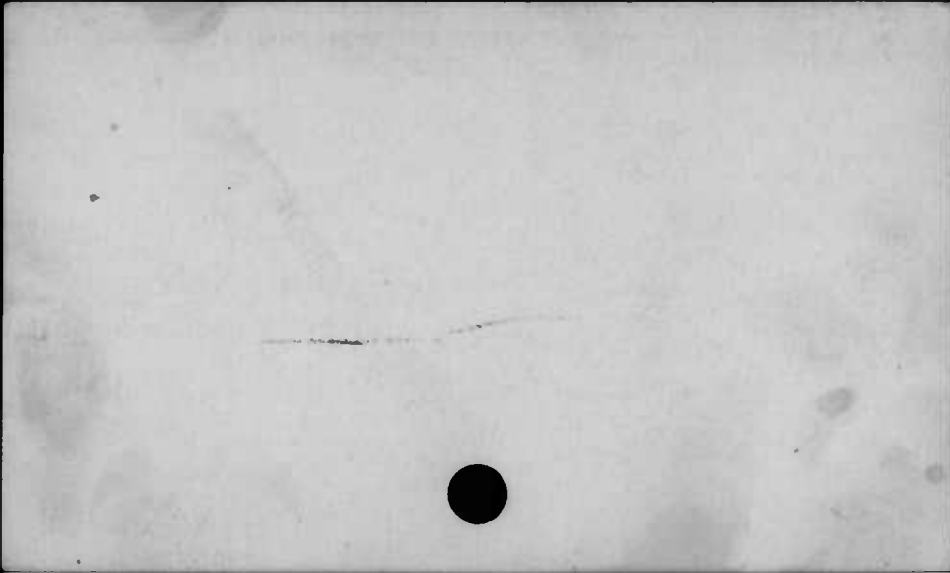
Lulu Abnerolina Selby

Died at ^{Town} *Lej Gange* ^{County} *Worcester*

MARYLAND

Date 19 *12* ^{Month} *July* ^{M.} *24* ^{D.} *1912* Age *4 months* Native of *Worcester, Mass.* Occupation *None*Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☒ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*Husband of
WifeFather's Name *Harry Selby* Mother's Maiden Name *Leah Ginn*Cause of Death { Primary *neglect and improper feeding* Immediate *Intestinal trouble* } How long sick *2 months or more* Accident, Suicide, Homicide *105*Reported by *Dr. J. Parker*Address *Stockton* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charlotte Smith

Town

County

MARYLAND

Died at

Near Snows Hill Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

07

July 30

Age

24

Maryland Cook

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

Wm Smith

Mother's

Maiden Name

Caroline Smith

Cause of

Primary

Consumption

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

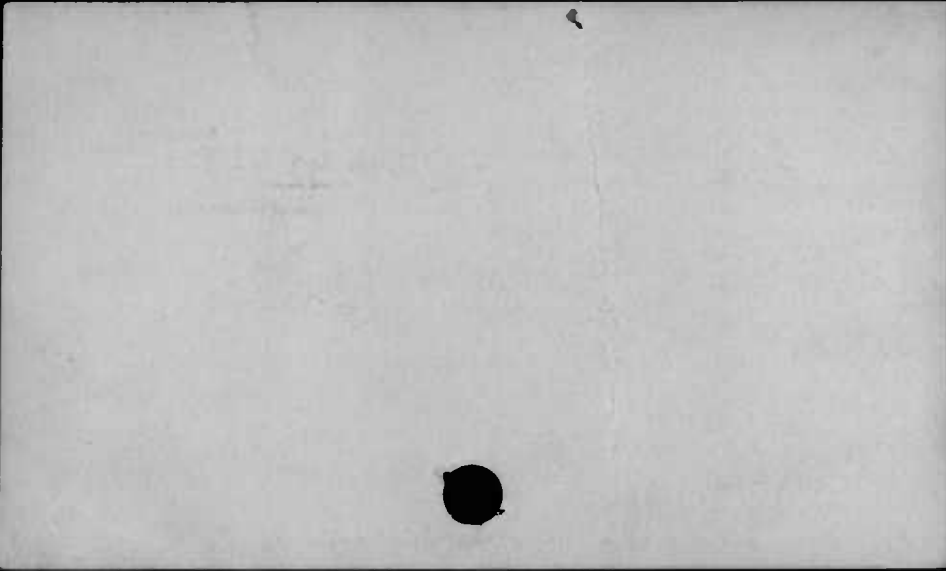
William S. Williams

Address

Snows Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha C. Timmons

Town

County

MARYLAND

Died at

Snow Hill

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

7 - 14

Age

- - -

M

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Cassius Timmons

Wife

Father's

Name

James Collins

Mother's

Maiden Name

Margaret Timmons

Cause of

Primary

Consumption

27

How long sick

Death

Immediate

Hemorrhage lung

~~Accident, Suicide, Homicide~~

Reported by

Paul James M.D.

Address

Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

July

22

Age

5

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

179

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Der Leyen Leewick Room

Betsy M. Vicktor

Town

County

MARYLAND

Died at

Snowsice

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July 12

Age

60

Snowsice

House wife

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

5

~~Husband~~

of

Joseph Vicktor

Wife

Father's

Name

unknown

Mother's

Maiden Name

Charity Selby

Cause of

Primary

Heart trouble

How long sick

12 months

Death

Immediate

79

Accident, Suicide, Homicide

Reported by

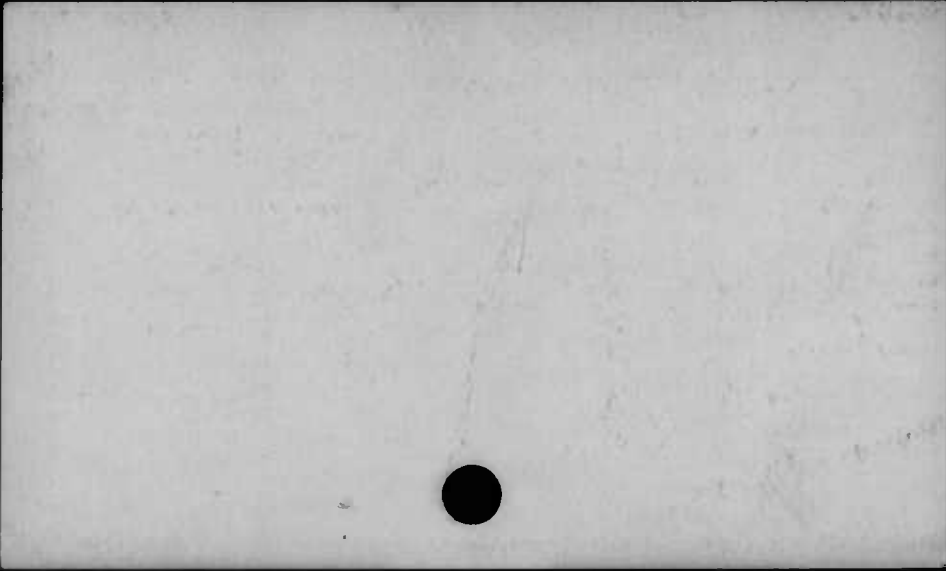
William S. Williams

Address

Snowsice

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-----------------------|-------------------------------------|----------------------|--------|
| Died at <i>near Promoke city</i> | | Town <i>Worcester</i> | | County <i>MARYLA</i> | |
| Date of death 190 <i>2</i> | Month <i>July</i> | Day <i>9</i> | Age <i>11</i> | Years | Months |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Pitts creek</i> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>John W White</i> | | | Father's Birthplace <i>Accomack</i> | | |
| Mother's Maiden Name <i>Mary Howard</i> | | | Mother's Birthplace <i>"</i> | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Worms</i> | How long <i>9/1</i> |
| Immediate <i>Convulsion</i> | How long <i>a few days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>D. S. [unclear]</i> |
| | Address <i>Promoke city Md</i> |
| Accident or Suicide? | |

Ruth E. White